



## Sales Update: Feature Release 16.7 and Other Updates

The Outreach and Sales Distribution Services Team

August 4, 2016

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- 1. Updates to the Online Application**
- 2. Special Enrollment Verification**
- 3. Notices**
- 4. Agent Agreement Amendment**
- 5. Questions**

# AGENDA

August 4, 2016



- Visit [www.CoveredCA.com](http://www.CoveredCA.com)
- In the footer, click “Enrollment Partners”
- Click “Partner Tool Kit”

The image shows a series of overlapping screenshots from the Covered California website. The first screenshot shows the 'Enrollment Partners' section with three categories: Community Partners, Certified Insurance Agents, and Certified Plan-Based Enrollers, each with an 'Enter Portal' button. The second screenshot shows the 'Partner Tool Kit' button highlighted with a red box. The third screenshot shows a dropdown menu for 'Tool Kits for Enrollers' with 'Webinars & Briefings' highlighted by a red circle. The fourth screenshot shows the 'Webinars & Briefings for Certified Enrollment Representatives' page with 'Webinars', 'Agent Briefing', and 'Community Partner Briefing' listed. The fifth screenshot shows the 'Downloads' link highlighted with a red circle.

# PARTNER TOOLKIT



# UPDATES TO THE ONLINE APPLICATION



## Five Major Updates

- Member Level Plan Selection for APTC Eligible Households
- E-Verification of Medicare Enrollment and Eligibility
- Integration of Other Non-Health Benefit Services
- Income Assessment: Unmarried Pregnant Women, Under 21 Years Old
- CalHEERS Web Browser Log-in Restrictions

## More Information

- [CalHEERS Release Notes - 16.7](#)

# UPDATES TO THE ONLINE APPLICATION



## Member Level Plan Selection for APTC Eligible Households

- Covered California eligible households can now select individual APTC eligible plans for each member of the household or custom group members of the household into separate APTC eligible plans
  - Prior to the update all APTC eligible consumers in a household had to select a single plan/carrier for coverage
  - Member Level option allows consumers to choose a plan that may be best suited to their household member's individual needs or network preference
  - The tax credits will be automatically disbursed across the selected individual plans or custom grouped plans

# UPDATES TO THE ONLINE APPLICATION



# Member Level Plan Selection for APTC Eligible Households

## QUALIFIED HEALTH PLAN - PLAN SELECTION METHOD

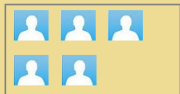
Two people in your household are eligible to enroll in a qualified health plan. You can choose whether you want to find one plan for both to enroll together or a separate plan for each person.

### Important Considerations

- Monthly premiums and/or costs at the time of care may be lower when everyone enrolls in the same plan.
- You may want separate plans if people in your family see different doctors or have different health care needs.
- If you choose Per Person, you will be guided through plan comparison and enrollment for each person, one at a time.

### Plan Selection - One Plan for All

One plan for all household members who qualify.



Select One Plan for All

### Per Person

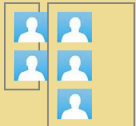
Separate plans for each person.



Select Plans Per Person

### Custom Grouping

People grouped to your convenience.



Select by Custom Groups

## PLAN SELECTION - ONE PLAN FOR ALL

To choose a plan for the entire household, click the "Choose Health Plan" button.

Persons	Health Plan
Tennis Ball Basket Ball Vollie Ball	<button>Choose Health Plan</button>

Click the "Confirm" button if you do NOT want Pediatric Dental coverage.  
Click "Cancel" to choose a Pediatric Dental Plan for the children in your household.

## PLAN SELECTION - PER PERSON

To begin, select "Choose Health Plan" for one of the people below. When you complete, select the remaining people.

Persons	Health Plan
Tennis Ball	<button>Choose Health Plan</button>
Basket Ball	<button>Choose Health Plan</button>
Vollie Ball	<button>Choose Health Plan</button>

## CUSTOM GROUPING

Choose members, then click Add to New Group.

- ☐ Tennis Ball
- ☐ Basket Ball
- ☐ Vollie Ball

Add to New Group

# UPDATES TO THE ONLINE APPLICATION



## Member Level Plan Selection for APTC Eligible Households

- American Indian/Alaskan Native (AI/AN) members may now be grouped together on an AI/AN specific plan with Cost Sharing Reductions
  - Non AI/AN members of the household can select individual APTC plans or choose to be grouped together
- APTC eligible and unsubsidized family members may not be grouped onto the same plan
  - Tax credits are disbursed across APTC eligible members only
- Medi-Cal eligible household members may not be included in any Covered California health plan eligible group
- Review our [Member Level Benefits Job Aid](#) for details

# UPDATES TO THE ONLINE APPLICATION





## E-Verification of Medicare Enrollment and Eligibility

CalHEERS will utilize electronic verification to determine a consumer's Medicare eligibility and enrollment status

- Previously, consumers self-attested to Medicare benefits received
- Enrollment & Eligibility will be checked via Federal Data Hub
- The results of this electronic verification check will be displayed on the eligibility results page
  - “Eligible Status” or “Pending Eligibility Status” if an inconsistency is detected
- “Proof of Medicare Coverage” has been added to the Document Category
  - Consumers can upload a Social Security Administration Letter, Medicare Letter, or Medicare Card to verify

# UPDATES TO THE ONLINE APPLICATION



## Integration of Other Non-Health Benefit Services

- Consumers with incomes less than or equal to 200% of the Federal Poverty Level will see new messaging and link options on the Additional Benefits Options Page in CalHEERS
  - New Text: “Based on the information you have provided it appears you may be eligible for additional assistance including food assistance. In order to determine your eligibility, you are encouraged to click on the Apply Now button.”
  - Users will link to a separate Department of Social Services application for these benefits
  - New Button: “Share My Information” will send a referral to consumer’s local County Office for assistance

# UPDATES TO THE ONLINE APPLICATION



# Integration of Other Non-Health Benefit Services

## UPDATES TO THE ONLINE APPLICATION

### ▼ Important Information & Options

#### Eligibility Determination Factors

- Household income qualifies for Premium Assistance (a federal tax credit that can be used to lower your monthly premium)
- Household income is in the APTC program limits.
- Household income is in the CSR program limits.
- Household qualifying life event is within 60 days.
- You do not qualify for Medi-Cal health coverage because your household income is above the Medi-Cal limit.
- You meet all other factors to qualify.

We will send you additional details in two ways: 1) the mail and 2) the Secure Mailbox that you can access through your account on this site **Appeal Decision** If you think our decision is wrong, you must file a request for a hearing within 90 days.

Appeal Decision

#### Additional Benefit Options

You may qualify for other programs. Click the link below to apply now or send your information to your county social services office.

[View Additional Benefit Options](#)

#### Important Information for Pregnant Women

If you are pregnant or there is a pregnant woman in your household, click [here](#) to learn more about available health care options!



### Additional Benefit Options

Based on the information you have provided it appears you may be eligible for additional assistance including food assistance. In order to determine your eligibility, you are encouraged to click on the **Apply Now Button**.

Please select from the options below:



I'm interested in CalFresh. [i](#)



I'm interested in CalWORKs. [i](#)



I'm interested in a referral to my county for further review of my eligibility for Medi-Cal. [i](#)



[Share My Information](#)

[Apply Now](#)



## Income Assessment: Unmarried Pregnant Women, Under 21 Years Old

- CalHEERS will no longer assess income when determining eligibility for women who meet all the following conditions:
  1. Pregnant
  2. Unmarried
  3. Under age 21
  4. Living with her parent(s)
  5. Non Tax Filer for the taxable year; or claimed as a tax dependent by parent(s) for the taxable year
- This population may be eligible for Medi-Cal benefits depending on Federal Poverty Level and immigration status
- Previously, CalHEERS would assess the income of these individuals and make an eligibility determination based on their monthly income

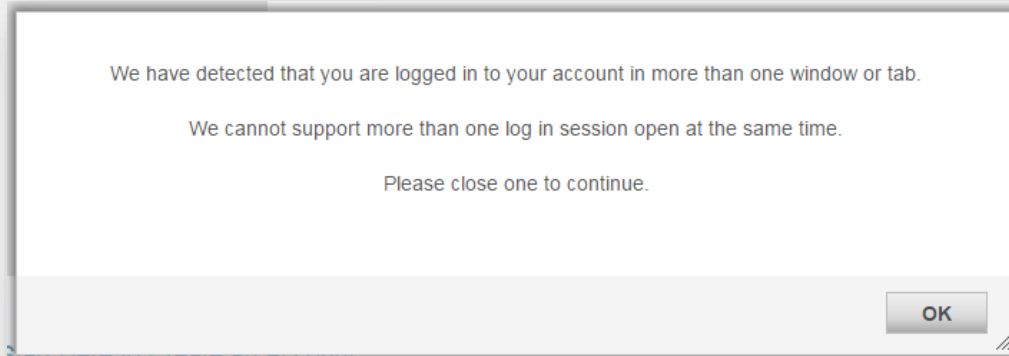
# UPDATES TO THE ONLINE APPLICATION



## CalHEERS Web Browser Log-in Restrictions

Users will be restricted to one CalHEERS account login per web browser (i.e. Safari, Chrome, Internet Explorer)

- Users will not have the ability to open a new browser tab or browser window to log-in to their account and view multiple consumer applications
- New Message:



# UPDATES TO THE ONLINE APPLICATION



# SPECIAL ENROLLMENT VERIFICATION



## What You Need to Know

- Covered California's Office of Consumer Protection (OCP)
- Beginning **August 1, 2016**, monthly process
- **Random sample** of consumers enrolled during Special Enrollment
- Seek to verify the validity of their self-attested Qualifying Life Event (QLE) in order to be eligible for a Special Enrollment Period (SEP)
- Notices will be sent to request proof of QLE
- Documents submitted to provide proof of the QLE will remain confidential and will only be used to determine eligibility for health insurance programs - not used for immigration enforcement purposes
- Updated language in the online application (CalHEERS)

# SPECIAL ENROLLMENT VERIFICATION



## Don't Risk Losing Certification with Covered California

- Fraudulently enrolled consumers without a QLE
- Certified enroller who assisted the consumer could potentially lose their certification
- Ensure all consumers who attest to having experienced a QLE are able to provide proof that they qualify for special enrollment



## SPECIAL ENROLLMENT VERIFICATION





# Verification Request Notice [\(CCAN10a\)](#)

## Includes:

- Why the consumer received the notice
- Date consumer needs to respond – 30 days from date on notice
- Options for submitting documentation
- Cover page to use when faxing or mailing
- [Acceptable documentation list](#)
- Additional resources for consumer help



The image shows a sample of the Covered California Verification Request Notice (CCAN10a) form. The form is titled "Covered California Special Enrollment Team" and "P.O. Box 12210, Sacramento, CA 95812". It features the Covered California logo and the tagline "Your destination for quality healthcare, including Medi-Cal". The form includes fields for the consumer's name, address, and zip code. It also includes a section for "ACTION REQUIRED: WE NEED MORE INFORMATION FROM YOU" and a "Case Number" field. The form contains a letter from the Covered California Special Enrollment Team, explaining that the consumer is getting this letter because the person(s) listed below enrolled in a Covered California health plan during the Special Enrollment Period (outside of the Open Enrollment Period). The letter states that the consumer must have a qualifying life event in order to enroll in coverage outside of Covered California's Open Enrollment Period. The letter also lists the types of documentation that are acceptable for verification, including a signed written statement under penalty of perjury stating the person's name and date of death, a newspaper obituary or mortuary notice that shows the person's name, date of death, newspaper, and date of publication, or a signed written statement under penalty of perjury stating the person's name and date of death.


# SPECIAL ENROLLMENT VERIFICATION NOTICES




## Acceptable Documentation Notice (CCAN10b)

### Includes:

- Documentation submitted is acceptable and coverage will continue

 Covered California  
Special Enrollment Team  
P.O. Box 13310  
Sacramento, CA 95813

  
**COVERED**  
CALIFORNIA  
Your destination for quality  
healthcare, including Medi-Cal

{FIRST\_NAME} {LAST\_NAME}  
{ADDRESS\_LINE1}  
{ADDRESS\_LINE2}  
{CITY}, {STATE} {ZIPCODE}

Thank you for sending us your information.

<Date> Case Number: <Case #>

Dear {FIRST\_NAME} {LAST\_NAME},

You are getting this letter because you (or someone in your household) enrolled in a Covered California health plan during a Special Enrollment Period (outside of Open Enrollment Period).

On <insert date>, we asked you to send us more information about your qualifying life event. This letter is to let you know that we have received your information and it is acceptable. **Your Covered California coverage will continue.**

If you have any questions, please contact Covered California's Special Enrollment Team at 1-888-217-9311. You can call Monday through Friday, 8 a.m. to 5 p.m. Or, you can email the Special Enrollment Team at [consumerprotection@covered.ca.gov](mailto:consumerprotection@covered.ca.gov).

Thank you,

Covered California

CCAN10b 1

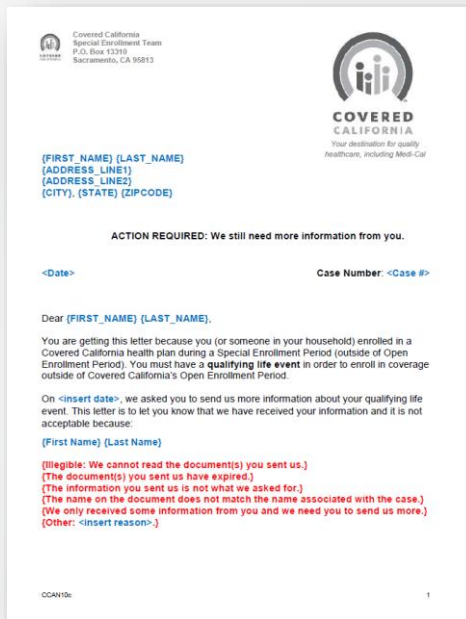
# SPECIAL ENROLLMENT VERIFICATION NOTICES



## Unacceptable Documentation Notice [\(CCAN10c\)](#)

### Includes:

- Documentation was received, but Covered California is unable to verify the QLE
- If the verification documentation is provided within the 30-day timeframe and is deemed unacceptable, Covered California will contact the consumer via phone and provide the reason(s) why the documentation is unacceptable
- The **Unacceptable Documentation Notice (CCAN10c)** will be sent to the consumer and provide a date on which documentation must be received




# SPECIAL ENROLLMENT VERIFICATION NOTICES




# Special Enrollment Termination Notice (CCAN10d)

## Includes:

- Enrollment will be prospectively terminated
- Termination reason provided
- Termination date provided



Covered California  
Special Enrollment Team  
P.O. Box 13360  
Sacramento, CA 95813



**COVERED  
CALIFORNIA**  
*Your destination for quality  
healthcare, including Medi-Cal*

(FIRST\_NAME) (LAST\_NAME)  
(ADDRESS\_LINE1)  
(ADDRESS\_LINE2)  
(CITY), (STATE) (ZIPCODE)

YOUR HEALTH COVERAGE WILL END ON (TERMINATION DATE).

(Date) Case Number: (Case #)

Dear (FIRST\_NAME) (LAST\_NAME),

You are receiving this letter because you (or someone in your household) enrolled in Covered California during the Special Enrollment Period (outside of Open Enrollment). You must have a **qualifying life event** in order to enroll in coverage outside of Covered California's Open Enrollment Period.

Covered California sent you a letter and asked you to send us more information about the qualifying life events you selected on your application. This letter also included a list of acceptable documents you can send us to prove your qualifying life events. We asked you to send us this information within 30 days from the date the letter was sent to you. The health coverage for the person(s) listed below will end on (TERMINATION DATE) because:

(First Name) (Last Name) (We did not get the information we asked for.)

(First Name) (Last Name) (The information you sent us is not acceptable. <insert reason why the information is not acceptable>)

If you think this is wrong, or you have the documents we asked for, call Covered California's Special Enrollment Team at 1-888-217-9311.

CCAN10d 1


# SPECIAL ENROLLMENT VERIFICATION NOTICES



## Submitting Documentation

Upload	Mail*	Fax*
Link provided in Verification Request Notice (CCAN10a) in <a href="#">English</a> and <a href="#">Spanish</a>	CA HBEX/Covered California Special Enrollment Team P.O. Box 13310 Sacramento, CA 95813	888.217.9310

\*Ensure the consumer includes the case number and cover sheet



\* Indicates required fields.

CONSUMER INFORMATION

Case ID \*

Consumer First Name \*

Consumer Last Name \*


Consumer Phone Number \*

Consumer Email Address

Document Comments

Document Uploads [Add Attachment](#)

Send Cancel



\* Indica los campos obligatorios.

Información

Número de caso \*

Primer Nombre del Consumidor \*

Apellido del Consumidor \*

Número de teléfono \*

Correo Electrónico

Comentarios del documento

Cargar documento [Add Attachment](#)

Enviar (Submit) Cancelar (Cancel)

# SPECIAL ENROLLMENT VERIFICATION



## Extensions

- Consumers may request an extension
- Demonstrate a good faith effort in providing verification documents
- Consumers are to contact Covered California's Office of Consumer Protection
  - Explain the reason for the request
  - Include the consumer case number

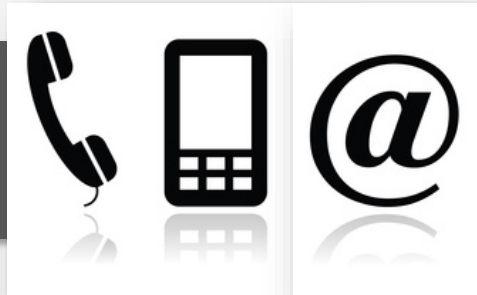


# SPECIAL ENROLLMENT VERIFICATION



## Covered California Office of Consumer Protection

- Questions regarding Special Enrollment Verification, the notices, extensions, or how to file an appeal
  - [ConsumerProtection@covered.ca.gov](mailto:ConsumerProtection@covered.ca.gov)
  - 888.217.9311



# SPECIAL ENROLLMENT VERIFICATION



## Special Enrollment Verification Appeals

- Terminated consumers may request an appeal if they feel they were terminated unjustly
- 90 day timeframe to file an appeal
- Timeframe begins with the date Covered California mailed the consumer the **Special Enrollment Termination Notice (CCAN10d)**
- Contact Covered California's Office of Consumer Protection
  - 888.217.9311

# SPECIAL ENROLLMENT VERIFICATION





## Fraud, Waste and Abuse

- U.S. Department of Health and Human Services (HHS) updated regulations for consumers submitting documentation to prove their QLE
- HHS may fine a consumer for providing false information on their application
- Fines include:
  - Up to \$25,000 if a consumer provides false information in their **application negligently or with intentional disregard for the rules**
  - Up to \$250,000 if a consumer **knowingly lied** on their application
- The Office of Consumer Protection handles consumer fraud, waste, or abuse
  - 888.217.9309
  - [ConsumerProtection@covered.ca.gov](mailto:ConsumerProtection@covered.ca.gov)

# SPECIAL ENROLLMENT VERIFICATION



# NOTICES



## What You Need to know – Employer Notice of Employee Coverage

- Notice sent in August, 2016 to the employers of those consumers that may have employees who reported that their employer has not offered ***affordable, minimum standard value*** coverage
- Employee has enrolled into a Covered California health plan **and** is receiving Advanced Premium Tax Credit (APTC)
- More information is found in our [Employer Notice of Employee Coverage Quick Guide](#)

## Why Covered California is Noticing Employers

- The ***Employer Shared Responsibility Provision*** of the ACA requires all large employers to offer affordable, minimum standard value coverage to their employee and dependents
- Employer may be subject to ***the employer shared responsibility*** payment during tax time

# EMPLOYER NOTICE OF EMPLOYEE COVERAGE



## ***Consumer Disagrees with Employer Being Notified***

### **Per the Affordable Care Act**

- Large employers must be made aware of employees that sign-up for coverage via an exchange and receive APTC
- Large employers must be advised that this can result in a penalty via an employer shared responsibility payment
- Information provided by the consumer when applying for Covered California has to be confirmed as it can have monetary consequences for their employer

# **EMPLOYER NOTICE OF EMPLOYEE COVERAGE**



## ***Employer Disagrees with Determination***

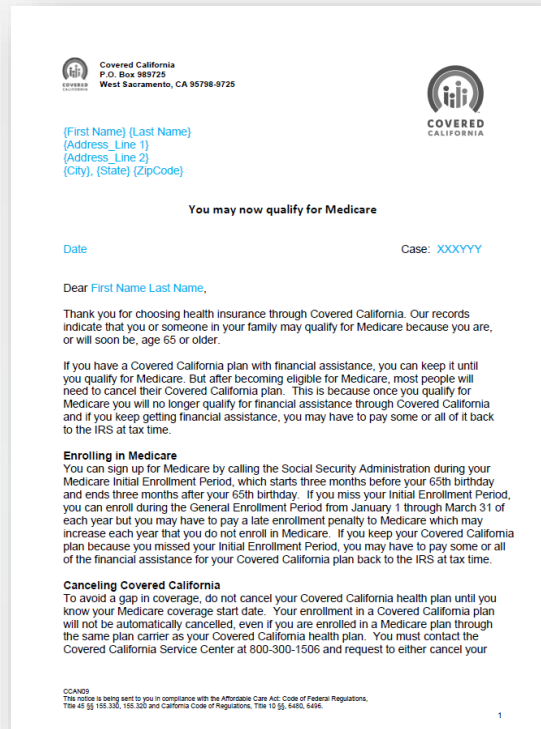
- Employers can appeal the determination with the U.S. Department of Health and Human Services (HHS) within 90 days of the date the notice was received
- HHS will then consider evidence provided by both employee and employer to determine the outcome
- If determined that employees (and dependents) were offered affordable, minimum value standard coverage by the Employer
  - Employee will be subject to reconciliation of the APTC they received without penalization of the Employer
- Filing an appeal does not absolve the employer from the Employer Shared Responsibility Payment to the IRS
  - Determination is reserved solely for the IRS

# EMPLOYER NOTICE OF EMPLOYEE COVERAGE



# What You Need to Know – Medicare Notice

- Notice sent in August, 2016 to those consumers approaching or are over their 65<sup>th</sup> birthday who may be eligible for Medicare
- Advises consumers that they may no longer be eligible for Advanced Premium Tax Credit (APTC) or Covered California coverage
- If the consumer receives the notice, it will be displayed in the online application (CalHEERS) under documents and correspondence



# MEDICARE ELIGIBILITY



# Understanding Medicare

Coverage Type:	Original Medicare	Original Medicare	Medicare Advantage Plans	Prescription Drug Plans	Medicare Supplemental Plans
AKA:	Part A	Part B	Part C	Part D	Medigap
Offered By:	Federal	Federal	Private (Contracts with Medicare)	Private	Private
What is Covered:	<ul style="list-style-type: none"> <li>Inpatient Hospital Stay</li> <li>Nursing Facility Needs</li> <li>Hospice Care</li> <li>Home Health Care (Limited)</li> </ul>	<ul style="list-style-type: none"> <li>Doctor Services (Limited)</li> <li>Outpatient Care</li> <li>Medical Supplies</li> <li>Preventive Services</li> </ul>	<ul style="list-style-type: none"> <li>Benefits of Part A</li> <li>Benefits of Part B</li> <li>Most Offer Prescription</li> </ul>	<ul style="list-style-type: none"> <li>Add Drug Prescription Coverage to Part A and B</li> </ul>	<ul style="list-style-type: none"> <li>Help Pay Cost not Covered by Part A and B</li> </ul>
Medicare Open Enrollment	January 1 through March 31 (if consumer did not sign up when initially eligible)	January 1 through March 31 (if consumer did not sign up when initially eligible)	October 15 through December 7	October 15 through December 7	Open Enrollment or Special Enrollment Period

# MEDICARE ELIGIBILITY



## Medicare and Covered California Eligibility

- After becoming eligible for Medicare, **most** consumers will no longer qualify for financial assistance through Covered California
- Consumers must report Medicare eligibility to Covered California **within 30 days of becoming eligible**
- If eligible consumers continue to receive financial assistance, they may have to pay some or all of it back to the IRS at tax time
- One exception:
  - If the consumer has to pay a premium for Medicare Part A coverage and they have not enrolled in Medicare Part A
  - These consumers may be able to continue Covered California coverage and keep their financial assistance

# MEDICARE ELIGIBILITY





## Enrolling in Medicare

- A consumer can apply for Medicare by calling the Social Security Administration during their Medicare Initial Enrollment Period
- Consumers can enroll during the General Enrollment Period from January 1 through March 31 of each year
- Some consumers may still be eligible for Medi-Cal benefits in addition to Medicare coverage
  - These consumers are encouraged to submit their information in a Covered California application because they may still be eligible for additional coverage through Medi-Cal

# MEDICARE ELIGIBILITY



## Terminating Covered California

- To avoid a gap in coverage, ensure consumers have a Medicare coverage start date prior to terminating a Covered California health plan
- Consumer enrollment will not automatically be cancelled
  - Termination requests made by the 15<sup>th</sup> of the month will have a end of the month termination date
  - Termination requests made after the 15<sup>th</sup> of the month will have a first of the following month termination date
- Consumers enrolled in a Covered California plan will not be able to cancel their coverage for past months or the current month if their Medicare coverage begins while currently enrolled

# MEDICARE ELIGIBILITY



## Contact Information

- Medicare
  - Questions on Medicare
    - 800.633.4227
    - [www.Medicare.gov](http://www.Medicare.gov)
- Health Insurance Counseling & Advocacy Program (HICAP)
  - Free, individual counseling on Medicare coverage questions, rights, and health care options
    - 800.434.0222

### Social Security Administration (SSA)

- To change an address, Medicare Part A or Part B, or if a consumer lost their Medicare card
  - 800.772.1213

## More Information

- [Medicare Quick Guide](#)

# MEDICARE ELIGIBILITY



# AGENT AGREEMENT AMENDMENT



## Look For It!

- Agent Agreements are valid for five years
- Amendments are required to be completed and signed as a result of changes to the contract
- An email will be sent to all Covered California Certified Insurance Agents from DocuSign® **between August 31 and September 16, 2016**
- Subject line “Covered CA Agent Agreement Amendment - 2016”
- DocuSign® automatically resends notifications every three days until a submitted response has been received with the package expiring 60 days from the initial date sent
- Must sign or respond to a request to sign an amended Agent Agreement to maintain certification with Covered California by **November 1, 2016**

# AGENT AGREEMENT AMENDMENT



## How to Complete the Amendment

- All fields displayed in the DocuSign® agreement have been pre-populated with information Covered California currently has on file
- Prior to taking action ensure to perform a complete review of the amendment, checking for each of the items listed below:
  - Physical Address
  - Phone Number & Email
  - Payment Type

## Voter Registration

- Under federal and state law, Certified Insurance Agents are required to offer Covered California consumers assistance with registering to vote
- The training must be completed on an annual basis
- Once training has been completed, Agents self-attest to the completion of the training upon signing the amended Agent Agreement via DocuSign®

# AGENT AGREEMENT AMENDMENT



## Termination

- Terminated agents will be removed from any cases they had previously been delegated to, and commissions will cease to be paid as of the termination date

## If I become terminated what can I do?

- Agents can reinstate certification by sending a request for re-certification to [Agents@covered.ca.gov](mailto:Agents@covered.ca.gov).

## More Information

- [Agent Agreement Amendment Quick Guide](#)

# AGENT AGREEMENT AMENDMENT



# QUESTIONS?

[OutreachandSales@covered.ca.gov](mailto:OutreachandSales@covered.ca.gov)





# THANK YOU!

[OutreachandSales@covered.ca.gov](mailto:OutreachandSales@covered.ca.gov)

